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ABSTRACT

This special report on the Chattanooga Incremental Dental Care Program presents an overview of the project and a summary analysis of the attitudes of parents, teachers, and school administrators to the program. The project provided dental care in the public elementary schools at specific intervals of time to specific age groups in order to establish and maintain a state of oral health. Dental services were extended to recipients of the care in an incremental fashion: cohort A entered the program at time "a" and received all dental services required to remedy existing oral health problems; the cohort was subsequently provided dental care at annual intervals to maintain the desired state of oral health. The next and subsequent years' cohorts entered the system in their respective annual increments and were treated in the same fashion. The project began with eligible first graders, so that after a period of six years, all children were receiving annual dental care. Issues addressed in the survey are: (1) was the incremental nature of the project accepted ; or not accepted? (2) How well or poorly was it accepted? (3) can the experience be projected or translated to a national level? (JD)

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SPECIAL REPORT

Survey of Attitudinal Acceptance of a Children's Incremental Dental Care Program By Parents, Teachers and School Administrators

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INTRODUCTION AND BACKGROUND OF THE STUDY

The Chattanooga Incremental Dental Care Program[1/] was a pilot study of a children's incremental dental care plan developed in response to calls for a national dental care program for children by President Lyndon B. Johnson in 1966 and by the American Dental Association in 1967. The Chattanooga program started in 1968 when the Division of Dental Health, U.S. Public Health Service, entered into a contract with the State of Tennessee for a children's incremental dental care program in six Tennessee counties.[2/] In 1970, the program was enlarged to 10 counties in southeast Tennessee and three counties in northwest Georgia and has been administered by the State of Tennessee, Department of Public Health.

The Chattanooga Incremental Dental Care Program, often referred to as the Chattanooga Project, provided dental care incrementally. Incremental dental care consists of the provision of dental services at specific intervals of time to specific age groups in order to establish and maintain a state of oral health. Such dental services are extended to recipients of the care in an incremental fashion. That is, cohort A will enter the program at time "a" and receive all dental services required to remedy existing oral health problems; the cohort is subsequently provided dental care at annual intervals to maintain the desired state of oral health. The next and subsequent years' cohorts enter the system in their respective annual increments and are treated in the same fashion.

In the Chattanooga Project, eligible first graders each year received an oral examination, prevention services, and remedial dental care. Children who had previously entered the program as first graders were

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1/ More formally, the project is referred to as the Northwest Georgia-Southeast Tennessee Dental Project.

2/ Major funding for the provision of services after April 1970 was received from the Appalachian Regional Commission with matching monies from the States of Tennessee and Georgia through the Georgia-Tennessee Regional Public Health Commission. However, the Division of Dentistry (formerly the Division of Dental Health) continues to provide data processing services for the Chattanooga Incremental Dental Care Program.

provided maintenance dental services as they progressed through subsequent elementary grades. For example, in 1969, the second cohort of first graders began participating in the program. The 1968 cohort continued in the program on a maintenance basis for the second and subsequent years. A new first grade cohort has entered the program each year, and those who entered the program in previous years have continued to be examined and treated from year to year. Thus, the program eventually provided services for eligible children in all six elementary grades by adding each year's "increment" of first graders and extending the grade coverage as children previously admitted were promoted. Such a method of implementing a program, by its very nature, may exclude or include children within the same family based solely on the children's ages. In some families it is possible that one child might be excluded because the child is too young, another excluded because too old, while another might receive services.

Charged with the responsibility of developing the knowledge necessary to assess the impact of the environment on dental delivery systems,[3/] the Division of Dentistry contracted with the Research Triangle Institute (RTI) to conduct a survey[4/] to measure the degree of attitudinal acceptance or nonacceptance by parents, teachers, and school administrators of the Chattanooga Project, to determine factors associated with such acceptance or nonacceptance, and to determine how well the incremental nature of the program in the Chattanooga Project has been accepted. Because the program is the only one of its kind in the United States, such a study provides information not otherwise available. In addition, guidelines have resulted for estimating the public acceptance of such a program in other parts of the country. Such estimates are particularly important in light of the U.S. Department of Health, Education, and Welfare's 1977-81 Forward Plan section on National Health Insurance (NHI), the dental services part of which proposes to provide dental care to children on an incremental basis. Since little beyond the fact of passive participation has been known about

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3/ Regulations published under the Public Health Service Act, Section 301, and subsequent programmatic decisions detail these responsibilities.

4/ Methods, procedures, and detailed findings of the study conducted by RTI can be found in the final report, of which this document is a part.

public acceptance of such a plan, the Chattanooga Incremental Dental Care Program has provided a unique opportunity to explore the sentiment of an involved public toward an incremental program and thereby to provide a basis for assessing possible national response to the NHI proposal for dental services to children.

In this particular program, behavioral evidence may not validly reflect attitudes. The evidence of parental acceptance that does exist is based on the one-time signing by parents of an authorization to treat the child, the child's subsequent receipt of care during school hours so that all logistic details were handled by the school system, and the failure of any parents to withdraw their children from the program because of expressed dissatisfaction. In this case, we believe behavioral evidence reflects only passive acceptance, at best, and may stem as much from lack of alternatives for indigent families as from positive feelings about the program.

Teachers and school administrators are included in this study since enrollment of the children in the Chattanooga Incremental Dental Care Program was accomplished through the school system with the cooperation of teachers and school administrators and care was provided during school hours.

ISSUES ADDRESSED BY THIS STUDY

In sponsoring research on the attitudinal acceptance or nonacceptance of the Chattanooga Project and its incremental feature, the Division of Dentistry defined three basic questions to be answered among the many issues addressed by the study. First, it was necessary to document attitudes reflecting acceptance or nonacceptance of the incremental feature. For the populations of interest, the levels of acceptance or nonacceptance needed to be described. Lastly, the applicability of these findings to the national level needed to be assessed. The answers to these questions, based on the professional judgment of the RTI project staff, are presented here in brief form. A more detailed discussion of the study results relevant to these conclusions is presented in a following section.

1. Was the incremental nature of the Chattanooga Project accepted or not accepted?

While acceptance of the incremental feature, as operationalized in this study, was not unanimous, a majority of all respondents reported they found it acceptable.

2. How well or poorly was it accepted?

The incremental feature, as described during interviews, was found acceptable or highly acceptable by 73.8 percent of the parents, 67.5 percent of the teachers, 66.7 percent of the principals, 78.9 percent of the school system superintendents, and 85.7 percent of the system health coordinators. Only 3.4 percent of the parents, 2.6 percent of the teachers, and 6.2 percent of the principals found the feature, as described to them during the interviews, highly unacceptable. More importantly, acceptance of the incremental feature was substantially higher and nonacceptance was substantially lower among all persons who, prior to the interview, knew about the feature.

3. Can this experience be projected or translated to a national level?

While generalization of the findings of this study is not statistically legitimate, no factors were identified in this study which would prevent the populations (of parents and educators) served by the Chattanooga Project from being considered representative of populations similarly defined elsewhere in the Nation. In our judgment, therefore, similar attitudes toward an incremental feature can be expected elsewhere in the nation, given program operations closely modeled after the Chattanooga Project.

DISCUSSION AND SUMMARY

The results of this survey to determine the acceptance or nonacceptance of the children's incremental dental care program are best summarized by noting that at a minimum 96 percent of all persons in each of the groups interviewed (parents, teachers, principals, superintendents, and health coordinators), either moderately or very much accepted and liked the program. This is a consistent and overwhelmingly positive response. While, as might be expected, persons in favor of the program had comments on how to improve the program, these views can only be interpreted as constructive criticism. Even the most critical respondents were enthusiastic about the program and the care it provided children whom they felt were in need of such care. On the whole, persons interviewed wanted the program to continue and to be expanded.

As noted in the final report for this study, some parents and teachers were negative toward the program (1.3% of parents and 2.8% of the teachers). These persons constituted such a small proportion that productive analysis of these groups to discover patterned characteristics associated with their dislike of the program was hindered. For whatever reason (perhaps those disliking the program were randomly distributed throughout the sample groups), no factors systematically associated with this discontent with the program could be analytically generated. However, given the overwhelming approval of the program by all groups, it appears that there is good reason to model other programs after the Chattanooga Project. No special groups or issues were identified by the survey data which would dictate special strategies for introducing and administering a similar program elsewhere.

Acceptance or nonacceptance of the incremental nature of the program was distributed somewhat differently from the response to the program in general. The incremental feature was found unacceptable (unacceptable or highly unacceptable) by 36.2% of the parents, 32.5% of the teachers, 33.3% of the principals, 21.1% of the superintendents, and 14.3% of the health coordinators. It appears that the major basis for everyone's discontent lies with their liking the program and their desire that its benefits be

received by a larger number of children. The most frequently voiced complaint was that children who needed the care could not get it (though this prohibition was not always attributable to the incremental nature of the program).

In interviewing, it was discovered that many persons were not aware of the incremental feature of the program. It was estimated that 84% of the parents, 70% of the teachers, 40% of the principals, 53% of the superintendents, and 10% of the health coordinators (1 of 7) claimed to have had not prior knowledge of the incremental feature of the program when it was explained to them in detail. For those persons indicating that they had known about the incremental feature, there was a high level of acceptance for the feature. For those claiming no prior knowledge of the feature, the acceptance level of the incremental feature was lower. This response among those not knowing is perhaps an artifact of how the issue was introduced during the interview. The incremental scheme was explained in detail with the use of a demonstration chart. This presentation made it very clear that some children were excluded from receiving care during each of the first five years of the program. This exclusionary feature, taken by itself and not in the context of the overall program, was responded to as being unfair. Finding the incremental feature of the program unacceptable or highly unacceptable is, in large part, conditioned by the explanation of the feature to those respondents who did not have prior knowledge of the incremental feature. On balance, however, these are the same respondents who are highly positive and accepting of the dental care program in general. They feel the incremental feature of the program excludes many "needy" children. They dislike that. But, they consider the program, to the extent that it benefits some of the children they would like to see included, a good, important, and valuable program. One might summarize their feelings with the saying that something is better than nothing.

Based on the data dealing with attitudes toward the incremental aspect of the dental care program, an obvious strategy to gain more acceptance of the incremental feature is clearly to inform more persons about it. An alternative strategy is to implement the program incrementally with no special information given out on that feature unless it is requested or questioned. In six years, all qualifying children in an elementary school

would become involved in the program and the incremental feature would no longer be an issue. This latter strategy is suggested in light of the findings of this study that the focal points of concern with a children's incremental dental care program appears to be on the children, the dental care they receive, and on the administration of the program - not on the incremental feature.

General approval of the overall dental care program by parents apparently stemmed from the appreciation they felt for the dental services received by their children which they otherwise would have been unable to afford. The teachers felt the children being treated were healthier than they would have been without care. This improved state of health was seen as having positive effects on the children's school work and behavior in class. Principals and superintendents more often considered the administrative aspects of the program and found them a reasonable tradeoff for the dental care afforded to the children in the program. The health coordinators naturally focused on the health of the children receiving care and the fact that these children would not otherwise have received the care. In sum, then, if the quality of the dental care offered is high and if the implementation of the program no more than minimally interferes with educational activities, such a program will be widely accepted.

This study concludes that the children's incremental dental c[illegible] program was widely accepted. Specific suggestions were made for some [illegible]rovements - the major suggestion being that more "needy" children be in[illegible]ded in the program. Although we cannot, on a statistical basis, generalize to the population of the United States from this study's homogeneous southeast Tennessee-northwest Georgia sample, it is our judgment that if such programs are implemented nationwide and modeled after the Chattanooga Program, they can reasonably expect to be similarly accepted.